



The Older Rhode Islander

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DEA receives Alzheimer's demonstration grant

The RI Department of Elderly Affairs, in collaboration with the RI Executive Office of Health and Human Services, RI Department of Human Services, RI Chapter of the Alzheimer's Association and the RI Aging and Disability Resource Center (THE POINT) has been awarded a one-year \$325,000 Alzheimer's Disease Demonstration grant from the federal Administration on Aging to enhance care options for persons affected by Alzheimer's Disease and their caregivers. The grant runs from July 1, 2007 to June 30, 2008.

The goals are to develop, implement and coordinate a comprehensive consumer-directed care plan that allows individuals to make choices and take advantage of community support services and enhance the ability to live the best possible quality of life in the community.

Goal #1: Implement a program of meaningful activities to people with early stage Alzheimer's Disease. The Alzheimer's Association, in cooperation with the Warwick Public Library, will conduct a library program one day a week for memory enhancement activities such as discussion of current events and news, and books and other activities. In order to provide additional respite to clients, one morning a week, for four hours, physical activities such as walking, swimming, or exercise programs will be offered at the Kent County YMCA.

Goal #2: Simultaneously provides up to eight hours of respite to caregivers. Caregivers can get up to eight hours a week of respite using the programs referenced above.

Goal #3: Improve access to information, assistance and referral for persons suffering from



Alzheimer's disease, family members and caregivers, including culturally diverse/ethnic populations. This will be accomplished through THE POINT. THE POINT will have specially trained staff who will be able to identify early-stage Alzheimer's patients who will "listen for dementia" through a series of specific questions and responses and conversations that indicate that a person has early stage Alzheimer's Disease. THE POINT has a fully operational language line. These calls

will be referred to the RI Alzheimer's Association.

Goal #4: Provide consumer-directed cost share access to assessments, home care, adult day services and other direct services, such as personal care or overnight respite. Based on income limits established above the current home and community care limits, clients and their families will receive assistance on a sliding scale for assessment and services noted above. This program will serve 225 persons.

RIPAE income limits adjusted to match 2007 Social Security COLA

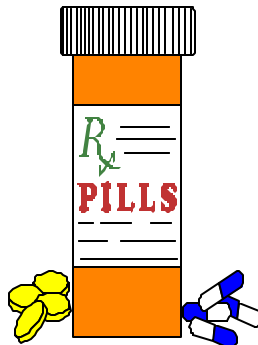
Income guidelines for the Rhode Island Pharmaceutical Assistance to the Elderly (RIPAE) program have increased in accordance with the annual Social Security Cost-Of-Living Adjustment (COLA). This year, the COLA was 3.3 percent.

The RIPAE program pays a portion of the cost of prescriptions used to treat Alzheimer's disease, arthritis, diabetes (including insulin and syringes for insulin injections), heart problems, depression, anti-infectives, Parkinson's Disease, high blood pressure, cancer, urinary incontinence, circulatory insufficiency, high cholesterol, asthma and chronic respiratory conditions, osteoporosis, glaucoma and prescription vitamins and mineral supplements for renal patients for eligible Rhode Island residents 65 and older. RIPAE also offers limited coverage for the cost of injectable prescription drugs used to treat Multiple Sclerosis.

Individuals with an annual income up to \$19,341 and married couples with a combined annual income up to \$24,179 receive a 60% discount.

Individuals with an annual income up to \$24,280 and married couples with a combined annual income up to \$30,352 receive a 30% discount.

Individuals with an annual income up to \$42,493 and married



couples with a combined income not exceeding \$48,563 receive a 15% discount.

RIPAE enrollees can purchase all other FDA-approved prescriptions (except for those used to treat cosmetic conditions) at a 15% discount.

Also under RIPAE, Rhode Island residents between 55 and 64 who are receiving Social Security Disability Income (SSDI) payments and who meet specified income limits, can purchase medications (except those prescribed for cosmetic conditions) at a 15% discount. The annual income limits for those receiving SSDI are \$42,493 for a single person and \$48,563 for a married couple. For RIPAE information, call 462-4000 (Voice) or 462-0740 (TTY).

Senior Journal volunteers honored

The *Senior Journal* production crew marked the end of its 2006/2007 season recently with its annual luncheon meeting in Warwick.

The *Senior Journal* explores the issues of growing older through the perspectives of older adults. The *Senior Journal* is produced by volunteers, and is sponsored by the Department of Elderly Affairs (DEA) in cooperation with Cox Communications. *Senior Journal* programs are aired on Sundays at 5:00 p.m.; Mondays at 7:00 p.m.; and Tuesdays and 11:30 a.m. over interconnect Channel A. Since its inception in 1988, more than 490 *Senior Journal* programs have been aired. The program has won numerous public access awards from Cox Communications over the years.

DEA Director Corinne Calise Russo thanked crew members for their dedication to *Senior Journal* and plans were discussed for the 2007/2008 season, which will begin with tapings in late September.

This year, topics covered included pharmacy issues for seniors, home equity conversion mortgages, diabetes, THE POINT, Rhode Island's World War II Memorial, the Senior Companion Program, Providence Community Health Centers, hospice, the Alzheimer's Association, a two-part interview with DEA Director Russo and many more areas of interest to seniors.

All *Senior Journal* crew members received a certificate of appreciation from DEA. *Senior Journal* volunteers include Libby Arron of Cranston, chairperson for the group; Fred Engle, John DeFusco and Vern Stromberg, also of Cranston; Doris Dupuis of Coventry; Carol Mitson and Kate Albanese of Johnston; John O'Hara of Narragansett; Ann Gauthier of North Providence; Sam and Lynn Stepak, Carl Bloom and Gloria Williams of Providence; and Harold Gerstein and Dottie Oseff of Warwick.

A message from Director Corinne Calise Russo



Greetings:

As Director of the RI Department of Elderly Affairs (DEA), I think that you will find this edition of *The Older Rhode Islander* particularly informative. It contains valuable information

and resources for the Medicare Part D program, Extra Help from Social Security and fraudulent Medicare Part D solicitations. This edition of *The Older Rhode Islander* should prove to be very a valuable tool as we approach yet another Medicare annual enrollment period.

I am also excited to announce that DEA, in cooperation with other state agencies and the Alzheimer's Association, has received a substantial demonstration grant from the Administration on Aging to provide consumer directed support services to Alzheimer's Disease families. That support and capacity for choice is central to our mission to promote the

independence and dignity of our constituents.

Along those lines, please take the time to read the article on tips for avoiding caregiver burnout. Thousands of Rhode Island families are taking care of older relatives. These unpaid caregivers are the backbone of the eldercare system in Rhode Island and across the nation.

Finally, please be reminded of the importance of DEA as a Cabinet-level agency. As such, we sit at the table with policy and decision-makers at the

state level. Our status as a Cabinet-level office allows us to advocate for the best possible programs and services to meet the needs of Rhode Island seniors, adults with disabilities, their families and caregivers. DEA is your voice in the halls of the State House. DEA has a reputation of excellence and compassion in serving its public. Rhode Island's citizens deserve no less.

Sincerely,

Corinne Calise Russo,
Director

Tips to avoiding caregiver burnout...

According to the American Geriatrics Society's Foundation for Health in Aging (FHA), as many as 44 million Americans care for older parents, in-laws, grandparents and other older loved ones.

Some older adults need only a little assistance from family caregivers. For example, they may need help with shoveling snow or getting rides to and from the grocery store. Others need a lot of help with daily activities like eating, bathing, dressing, taking medications or managing money. Over time, an older adult often needs increasing help from caregivers.

While caring for an older family member can be one of the most rewarding experiences of a lifetime, it can also be stressful and frustrating. This is especially likely if the older adult has dementia or needs around-the-clock care. Most family caregivers are spouses or children. They may have age-related health problems of their own; or they may have small children to care for, or work outside the home, or all of these. Sometimes, providing care for an older relative can be extremely distressing and lead to "caregiver burnout".

To avoid "caregiver burnout," it is important to get help *before* caregiving becomes overwhelming. If you are caring for an older loved one, the American Geriatrics Society's FHA suggests that you:

Get information. Learn as much as you can about your older loved one's health problems and needs and how they are likely to change over time. This will help you plan and prepare for these changes. Learning about options for care that your loved one may need in the future—such as help from a home aide, or assisted living or nursing home care—can also help you prepare for and feel more secure about your loved one's future.

The FHA's award winning, easy-to-read guide, "Eldercare at Home," includes a wealth of information on caring for an aging loved one. You can find a free printable version on the Internet at <http://www.healthmanaging.org/publiceducation/eldercare/>.

Help your loved one help himself or herself. Doing something as simple as putting up a

special no-slip seat in the shower or installing "grab bars" in the bathroom and near your loved one's bed, moving kitchen supplies to lower shelves, or getting easy-grip can openers and other utensils can make it possible for an older relative to keep doing certain things independently.

Ask trustworthy family, friends and neighbors for assistance. Perhaps a neighbor can take your mother to the grocery store once a week. Perhaps your sister can make meals for Mom on weekends. Explain what needs to be done, but try not to criticize others who don't care for your loved one in exactly the way you would. The important thing is that the older person's needs are met.

Take care of yourself, too. Eating well, exercising and taking time to relax and enjoy yourself are key in avoiding burnout. If you are taking care of yourself, you'll be able to take better care of your aging family member.

Don't take it personally. If your older relative has dementia or other mental or emotional problems, he or she may act out or say hurtful things. Remind yourself that this behavior is a result of his or her illness. Try not to take it to heart.

Talk about it. Talking about your experiences and feelings can make caregiving less stressful. Joining a caregiver support group in your area will give you a chance to share your thoughts, feelings and information with others in similar circumstances.

Contact professionals and organizations that assist caregivers. A wide variety of programs, services, agencies, organizations and individuals in your community can help you manage the challenges of caring for an older relative. This assistance may be free or available at a low cost.

Editor's note: This article was adapted from the American Geriatrics Society's Foundation for Healthy Aging. For local information on caregiving resources, call the Department of Elderly Affairs at 462-4000 (Voice) or 462-0740 (TTY) or THE POINT at 462-4444 (Voice) or 462-4445 (TTY). Information specialists can help you find resources such as adult day services, Meals on Wheels, transportation, home care, respite or other programs. You can also contact your local senior center.

Repeal of Social Security offset highlights 2007 legislative session

One of the duties of the Department of Elderly Affairs is to investigate reports of elder abuse and neglect and, when appropriate, to recommend and coordinate protective services. While a large percentage of reported cases to DEA over the years have involved elder self-neglect, DEA did not have a statutory mandate to investigate such reports. We are pleased to report that in its recent legislative session the Rhode Island General Assembly passed legislation proposed by DEA that adds self-neglect to the protective services law.

As a result, DEA now has statutory authority to investigate reports of self-neglect. According to the statute, "self-neglect" means a pattern of behavior in an elderly person that directly, imminently and significantly threatens his/her own health and/or safety. Self-neglect includes, but is not limited to, an inability or an incapacity to provide self with food, water, shelter, or safety to the point of establishing imminent risk of any of the harm(s) as defined above.

Legislation also passed during this last session that eliminates Social Security benefits as an offset to unemployment benefits. As a result, seniors who are getting Social

Security and who are laid off will not see their unemployment benefits reduced by their Social Security benefits. This legislation was strongly supported by DEA and AARP.

DEA also proposed legislation in the last session of the General Assembly that would provide several protections for elders with respect to reverse mortgages. State law already permits reverse mortgages, but current law lacks various protections for elders. DEA's proposed legislation would require, among other things, counseling and lender disclosures. Despite having the support of stakeholders such as the Rhode Island Chapter of AARP, Rhode Island Department of Business Regulation and Rhode Island Housing, DEA's proposed legislation did not pass in the last legislative session. DEA plans to reintroduce this legislation next year.

DEA also supported legislation proposed in the last legislative session by the Rhode Island Department of Attorney General that would have made financial exploitation of the elderly a crime. This legislation did not pass and DEA expects to actively support the reintroduction of this legislation next year.

FAST FACTS-2006 CENSUS DATA

Population 60+

U.S.: 51,361,857
Rhode Island: 196,585

Age 65-69

U.S.: 10,375,554
Rhode Island: 36,126

Age 75-79

U.S.: 7,381,027
Rhode Island: 30,252

Age 85+

U.S.: 5,296,817
Rhode Island: 25,123

Age 60-64

U.S.: 13,362,238
Rhode Island: 48,619

Age 70-74

U.S.: 8,541,290
Rhode Island: 31,179

Age 80-84

U.S.: 5,665,664
Rhode Island: 25,286

Percentage of seniors to total RI population

60+: 18.4%	75+: 7.6%
65+: 13.9%	80+: 4.7%
70+: 10.5%	85+: 2.4%



Governor Donald L. Carcieri

Food Stamp Program improvements net RI a bonus award

By Governor Donald L. Carcieri

There is good news to report on my administration's ongoing effort to improve the efficiency of state government. As you may know, we have worked hard to reduce our costs, while improving the service that our residents receive. That is why I am especially proud of the recent federal recognition of the improvements that we have made in our Food Stamp program.

In July, Rhode Island was cited by the U.S. Department of Agriculture (USDA) for improved management of the Food Stamp program. Through the diligence of the employees at Department of Human Services, the rate of incorrect Food Stamp payment benefit amounts and the rate of wrongful denials or case closures have dropped significantly. These improvements are among the best in the nation, and the USDA awarded Rhode Island an \$801,373 bonus as a result.

Another customer service improvement is the availability of web-based applications for Food Stamps. Thanks to a grant by the USDA and assistance by the University of Rhode Island's Feinstein center for a Hunger Free America, residents can now go to the www.foodstampsri.gov and apply for Food Stamps online.

By reducing the need for trips to a state office, this should help make the program accessible for those who are eligible for this program. Currently about 10% of the 77,000 Rhode Islanders who receive Food Stamp are age 60 or older.

Medicare and Social Security sending Extra Help letters throughout the fall, some beneficiary's status can change

Medicare and Social Security are determining whether some people who qualify for extra help in 2007 will continue to qualify in 2008. People affected by these changes will receive information in the mail from Medicare and Social Security.

Medicare and Social Security are working together to mail notices (on gray paper) to people who will no longer *automatically* qualify for extra help in 2007. The notice will explain to them why they no longer *automatically* qualify and encourage them to complete the enclosed application for extra help. They can return the application to Social Security in a postage-paid envelope. Individuals will receive these notices by the end of September.

A person will no longer *automatically* qualify for extra help in 2008 because he or she no longer has both Medicare and Medicaid, a Medicare Savings Program (MSP) or Supplemental Security Income (SSI) benefits.

Nonetheless, persons should apply for extra help from Social Security or their state Medicaid office or contact a Senior Health Insurance Program (SHIP) volunteer.

To locate the nearest SHIP volunteer, call 462-4000. Applying is important so their extra help can be effective as early as January 1, 2008.

If a person's situation changes so that they again *automatically* qualify for extra help, Medicare will send them another notice letting them know that they qualify.

Persons should apply for extra help if their yearly income is less than \$15,315 for an individual and \$20,535 if they are married and living with their spouse. The resource limits are \$11,710 for a single person and \$23,410 if married and living with a spouse. Resources include items such as savings or stocks, but not their home or car.

These amounts may increase in 2008, so if your income and resources are slightly higher, you should still apply.

Medicare is also mailing notices (on orange paper) to people who will continue to *automatically* qualify for extra help in 2008, but whose co-payment levels will change in 2008. Co-payment levels may increase or decrease. Medicare will mail these notices by early October to let people know what their new co-payment level will be as of January 1, 2008.

The change in co-payment levels could result when a person with Medicare changes from one of the following categories to another such as:

- Institutionalized with Medicare and Medicaid
- Has Medicare and Medicaid
- Has Medicare and Medicaid and a change in income level
- Gets help from Medicaid paying Medicare premiums (MSP)
- Gets SSI benefits but not Medicaid.

For example, if someone with both Medicare and Medicaid who no longer resides in a nursing home, then he or she will no longer qualify for \$0 co-payments effective January 1, 2008.

Note: People with no changes who continue to *automatically* qualify for extra help as of January 1, 2008 will not get a notice from Medicare.

For additional information on filing an extra help application, call Social Security at 1-800-772-1213 (Voice) or 1-800-325-0778 (TTY) or go to www.socialsecurity.gov.

People who have questions about Medicare prescription drug coverage or think that they have received a notice in error should call Medicare at 1-800-633-4227 (Voice) or 1-877-486-2048 (TTY).



**Be aware of
fraudulent
Medicare Part D
solicitations**

Scam artists and aggressive Prescription Drug Plan (PDP) marketers know that many elderly people are new to Medicare Part D and that leaves seniors vulnerable-if they don't know the rules.

Facts: Medicare Part D providers may call seniors to tell them about drug plans. However, PDP representatives may not call if a senior has listed his/her number on the Federal Do Not Call Registry (1-888-382-1222 or www.donotcall.gov). Once a senior has listed his/her telephone number with the Registry, telemarketers have 30 days to stop calling the senior.

Important: Even if a senior has not placed his/her number on the Registry, and a Medicare Part D Plan representative calls the individual, the representative is not allowed to sign him/her up for a Plan. A senior may only sign up for a Plan if he/she initiates the call.

Because Plans may try to get seniors to call them back, the Centers for Medicare and Medicaid Services (CMS) has offered to field seniors' questions about the legitimacy of providers. They encourage seniors to call 1-800-MEDICARE (1-800-633-4227) before returning a solicitor's call to determine if the provider is viable.

Also, Plan providers are never allowed to send seniors unsolicited e-mails. Providers may come to a senior's home only if the senior has invited them. Regular or impromptu door-to-door solicitations, however, are illegal.

During a Plan representative's sales pitch, he may ask a senior how he/she wants to pay their premium, but he may not ask for payment over the phone or the Internet. Plans must mail beneficiaries a bill for premiums.

Look out: One sure sign of a scam is if the Plan charges the senior an enrollment fee. There is no fee to enroll in any Part D Plan. Furthermore, a red flag should go up if the Plan representative does not ask for the senior's Medicare number. CMS recommends that pharmacists tell their customers to closely guard their personal information.

Contact: If you see a Plan performing any illegal activities, call the Department of Health and Human Services Fraud Hotline at 1-800-447-8477.

Note: This article is adapted from the Older Americans Month Report.

The Rhode Island Department of Elderly Affairs (DEA), John O. Pastore Center, Benjamin Rush Building 55, 35 Howard Avenue, Cranston, RI 02920 publishes the Older Rhode Islander four times each year. The next issue will be published in December. Written comments and suggestions are welcome. DEA encourages aging network agencies to reprint any article(s) that appear in this publication. While permission to this material is not required by DEA, it is requested that this agency be cited as the source of the material. For additional information, please call Larry Grimaldi at 462-0509 or 462-0503 (FAX). You can also e-mail larry@dea.state.ri.us. The DEA web site is www.dea.state.ri.us. Governor: Donald L. Carcieri Editor: Larry Grimaldi Director: Corinne Calise Russo



The Older Rhode Islander

September 2007

DEA Director Russo recognized for senior services



RECOGNITION FOR MANY YEARS OF SERVICE TO OLDER RHODE ISLANDERS: Corinne Calise Russo, DEA Director, receives an award for service to Rhode Island seniors from Linda Silveira, Executive Director of Atria Aquidneck Place in Portsmouth.

On July 19, Atria Aquidneck Place hosted a special event to honor Lieutenant Governor Elizabeth Roberts and Corinne Calise Russo, Director of the Department of Elderly Affairs.

The retirement and assisted living community recognized them for their contributions to Rhode Island and the senior population.

"Both of these outstanding women have made great strides in the advancement of health care and senior-related issues," said Linda Silveira, Executive Director at Atria Aquidneck Place.

Prior to taking office as the first female lieutenant governor of the State of Rhode Island, Roberts made her mark as a leader on health and medical issues. As state senator,

Roberts led the fight to reform the state's largest healthcare insurer, Blue Cross Blue Shield. She also helped to expand the state's prescription drug program for seniors.

Russo has served as Director of the DEA for more than three years. Her career has been marked with accomplishments, including the founding of the North Providence Senior Center and serving as a delegate to the White House Conference on Aging.

"We are delighted to host an event that recognizes two leaders for their tireless efforts in assisting senior citizens," said Silveira. "These two extraordinary women have been instrumental in helping the senior citizens of Rhode Island live with dignity and in comfort."

DEA offers tips for stockpiling supplies for emergencies.. are you prepared ?

If you are asked... should I stockpile food, water and medications? How long should a stockpile be designed to last? What are the Government's recommendations for personal and family stockpiles? How would you answer?

There can be no one single approach to family and personal stockpiling that is perfect for everyone. Each family and individual must analyze their unique situation and needs and design a stockpile that works for them.

Admiral John O. Agwunobi, Assistant Secretary for Health, Department of Health and Human Services, provides some important overarching principles not specific to a pandemic that should help strengthen your family and individual preparedness plans with regards to stockpiling.

1. A stockpile should be able to support its owner through a pandemic, a hurricane, an earthquake or any other circumstance that might require them to be self sufficient for a period of time until outside support can be established.
2. For a family or individual to be prepared, they must have planned and practiced the ability to be self sufficient for the period of time it might take to get outside assistance in an emergency.
3. One should be aware that the resources of a stockpile might need to be used at home, in a shelter or on the road during an evacuation.
4. Given that the main purpose of a stockpile is really to allow the owner the time needed to reconnect to support from the outside world, it does not need to be aimed at assuring self sufficiency for prolonged periods of time. Even in the most extreme emergency circumstances the need for prolonged periods of self sufficiency is very unlikely.

SEPTEMBER IS NATIONAL PREPAREDNESS MONTH! The U.S. Department of Health and Human Services advises you that "Preparing Makes Sense". Get a kit. Make a Plan. Be informed.

Make sure to include fruits in your diet

According to the American Dietetic Association, you should eat at least two fruits a day. While your favorite fruit, such as an apple, may not be listed in the top ten list below, don't eliminate fruit entirely from your diet. Eating any fruit is good for you.

Here are some of the healthiest fruits:

Oranges top the chart. They are high in vitamin C, an antioxidant which may help fight cancer-causing diseases and reduce bad LDL (bad cholesterol).

Apricots are chock full of iron and high in vitamins A and C, as well as potassium.

Tomatoes are actually a fruit, not a vegetable. They are full of vitamins A and C. Tomatoes also contain lycopene, a substance that may help fight prostate cancer.

Cantaloupe contains a powerhouse of potassium, which helps regulate the heartbeat. It should be eaten to replace potassium lost during exercise and is a natural energy booster.

Bananas are a great source of vitamins, minerals, and potassium. They are also a quick source of carbohydrates and are easy to digest.

Mangoes are rich in vitamin C and beta-carotene. Both boost the immune system.

Figs are loaded with potassium and iron. Figs can be eaten fresh or dry. They also contain soluble fiber, which helps lower cholesterol levels.

Grapefruit is a good source of beta-carotene and vitamin C. Choose red or pink for maximum nutrition.

Strawberries supply more fiber than two slices of whole wheat bread. They are also high in vitamin C and low in calories.

Kiwi is a good source of vitamin C and is also high in potassium. Two large kiwifruits contain more fiber than a cup of bran.



STILL BOWLING THEM OVER: Mary Ruggieri, 102 of Cranston, still bowls one day a week. According to her son, she is one of the best bowlers in her group. Mary still visits the Cranston Senior Center once a week. She lives independently in the community and still does her own cooking. She insists on fresh foods and vegetables-no cans. Mary is the former co-owner of J. Ruggieri and Sons Market in Cranston. She is shown here attending the celebration of Cranston residents 90 and older at the Senior Center.

-Photo provided by Cranston Senior Services